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Father absence at delivery at Pelonomi Tertiary Hospital in Bloemfontein: Reasons and associated demographic characteristics

1. The findings indicate the most common reason for the absence of fathers at the time of delivery is due to:
 - a. Lives far from the hospital
 - b. Father did not want to be present
 - c. Working far out of town and only returns late
 - d. No paternal leave from work
 - e. Premature birth.

Infant and young child feeding practices and behaviours of positive deviants among caregivers of children (6 - 18 months) at risk of stunting in informal settlements in Harrismith, Free State Province, South Africa

2. A lack of finance was the most common barrier to the inclusion of food by PD caregivers, and this was mitigated by caregivers:
 - a. prioritising feeding their children over themselves
 - b. seeking temporary employment
 - c. borrowing money from family members
 - d. exhibiting financial strategies such as purchasing cheaper items or budgeting
 - e. All of the above

Resurgence of congenital syphilis: A profile of symptomatic newborns with congenital syphilis requiring admission to the nursery at a peri-urban regional hospital in KwaZulu Natal Province, South Africa

3. The top three modifiable factors identified in this study were:
 - a. poor contact tracing, inadequately treated maternal syphilis and transcription errors.
 - b. RPR results not checked timeously, poor contact tracing, and transcription errors.
 - c. Mothers not tested at booking, poor contact tracing, and transcription errors.
 - d. Mothers not tested at booking, poor contact tracing, and RPR results not checked timeously.
 - e. inadequately treated maternal syphilis, poor contact tracing, and RPR results not checked timeously.

The outcome of newborns born through grade 3 meconium-stained amniotic fluid in a regional hospital in Durban, KwaZulu-Natal

4. Which of the following statements on the findings of this study are false.
 - a. There was a low rate of neonatal sepsis, respiratory distress, neurological complications and perinatal asphyxia in newborns exposed to grade 3 MSAF.
 - b. The incidence of grade 3 MSAF was 8.3% of live births.
 - c. Respiratory distress occurred in approximately 19% of patients.

- d. Among the suspected MAS cases, oxygen therapy was administered in 76.9% patients.
- e. No surfactant therapy was used in any of the patients in the study.

Demographic and aetiological factors of paediatric status epilepticus: a South African retrospective observational study

5. The following relating to convulsive status epilepticus (CSE) is true:
 - a. continuous seizure activity, without an arresting phase, or recurrent seizures, without regaining consciousness in between, for more than 5 minutes.
 - b. Age is a fundamental element when considering the epidemiology of CSE.
 - c. Paediatric CSE is considered to be a serious medical emergency worldwide.
 - d. A and B only
 - e. All of the above.

Factors influencing the perinatal outcomes of teenage deliveries in a regional hospital in KwaZulu-Natal Province, South Africa

6. The main risk factors for a complicated perinatal outcome identified in this study are:
 - a. positive for syphilis.
 - b. having an emergency caesarean section.
 - c. maternal complications.
 - d. being unbooked.
 - e. All of the above.

Cerebrospinal fluid indices and culture concordance with blood in neonates with culture-proven meningitis

7. The most common identified organism isolated from blood and/or cerebrospinal fluid samples of neonates was:
 - a. Enterococcus specie
 - b. *Acinetobacter baumannii*
 - c. Klebsiella species
 - d. *Staphylococcus aureus*
 - e. *Candida albicans*

Bacterial aetiology and antimicrobial susceptibility of osteoarticular infections (OAI) at a tertiary-level paediatric unit in South Africa

8. For the analysis in this study, OAIs were divided into:
 - a. six categories: acute haematogenous septic arthritis, acute haematogenous osteomyelitis, acute haematogenous osteomyelitis and septic arthritis, chronic osteomyelitis, fracture-related infection and postoperative infection.
 - b. four categories: acute haematogenous septic arthritis, acute haematogenous osteomyelitis, acute haematogenous osteomyelitis and septic arthritis, and chronic osteomyelitis.

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- c. five categories: acute haematogenous osteomyelitis, acute haematogenous osteomyelitis and septic arthritis, chronic osteomyelitis, fracture-related infection and postoperative infection.
- d. four categories: acute haematogenous septic arthritis, acute haematogenous osteomyelitis and septic arthritis, fracture-related infection and postoperative infection.
- e. five categories: acute haematogenous septic arthritis, acute haematogenous osteomyelitis, acute haematogenous osteomyelitis and septic arthritis, fracture-related infection and postoperative infection.

Socioeconomic status and hypertension in South African adolescents

- . The following statements are true:
 - a. There was a hypertension prevalence of 26% in the study.
 - b. There was a direct association between SES and hypertension.
 - c. Being female had a significant indirect effect on hypertension.
 - d. All of the above are true.
 - e. Only A and C are true.

The impact of maternal weight gain during pregnancy on perinatal outcomes

- 10. Gestational hypertension, macrosomia, dystocia, and caesarean sections were more common among women who gained >16 kg. True or False?

Socioeconomic inequalities in child vaccination coverage in Tanzania over time: a decomposition analysis using the 2004/05, 2010 and 2015/2016 demographics and health surveys

- 11. Child vaccinations are higher among children from wealthier households in Tanzania. True or False?

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